

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5488

CERTIFICATE OF DEATH

05481

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Calvert</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)		c. LENGTH OF STAY IN 1b <i>4 days</i>				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Calvert Co. Hospital</i>		e. STREET ADDRESS <i>Owings, Md.</i>				
3. NAME OF DECEASED (Type or print) <i>NELLIE</i>	First <i>Rebecca</i>	Middle <i>Frances</i>	4. DATE OF DEATH <i>May 26 1958</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH <i>WIDOWED</i> <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>June 29, 1897</i>	9. AGE (In years lost birthday <i>60</i> yrs.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>Dunkirk, Md.</i>			
13. FATHER'S NAME <i>Joseph C. Brady</i>		14. MOTHER'S MAIDEN NAME <i>Annie V. Sears</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Elizabeth Armiger, Owings, Md.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>260X</i>		<i>1 yr</i>				
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO <i>Hemoptysis</i>		<i>4 yrs</i>				
(c) DUE TO <i>Hypertension</i>		<i>2 yrs</i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Dunkirk</i>	(County) <i>Dunkirk</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>3/26/15</i> to <i>5/26/58</i> , that I last saw the deceased alive on <i>3/26/15</i> , and that death occurred at <i>2:30 P.M.</i> from the causes and on the date stated above.				ADDRESS (Street, city or town, state) <i>Owings</i>		
ACTUAL SIGNATURE <i>H. W. Ward</i>		PHYSICIAN'S NAME (Type) <i>H. W. Ward M.D.</i>		DATE SIGNED <i>5/28/58</i>		
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>5/29/58</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Smithville Cemetery</i>	22d. LOCATION (City, town or county) <i>Dunkirk Md.</i>	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE <i>H. H. Hutchins</i>		ADDRESS <i>Owings Md.</i>	24a. REC'D BY REGISTRAR <i>JUN 2 1958</i>	24b. REGISTRAR'S SIGNATURE <i>W. L. French</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9, Film G229, 5/26/58 fcy

05482

CERTIFICATE OF DEATH

5489

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Carroll	MARYLAND	STATE Md.
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)	Length of Stay (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY Charles
TOWN	Prince Frederick.	1 month	TOWN Hughesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
Carroll Nursing Home.			
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH	
(First)		(Day)	
(Middle)		(Year)	
Ruth H. Austin		May 18 1958.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
7	W	Divorced Oct 8 1884.	9. AGE last birthday
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Housewife		Own Home	Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Williams Budgett.		Dent.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
Dwince Welch.		Hypertensive a.t. disease	
6 days		10 years	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
4437		6 days	
IMMEDIATE CAUSE		4437	
ANTECEDENT CAUSE(S)		IMMEDIATE CAUSE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE		DUE TO	
STATING UNDERLYING CAUSE LAST.		(B)	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Hypertensive a.t. disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED	
M. at work		Not white at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from		May 15, 1958, to May 18, 1958, that I last saw the deceased alive on	
SIGNATURE		ADDRESS (Street, city, town, state)	
Signature		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		5/20/58	
24. REC'D BY REGISTRAR		NAME OF CEMETERY OR CREMATORIAL	
		TRINITY	
DATE MAY 21 '58		LOCATION (City, town, or county)	
Registrar		Newport, Md.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
The Hunt Funeral Home		Waldorf, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5490 CERTIFICATE OF DEATH

05483

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Calvert CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Prince Frederick		MARYLAND LENGTH OF STAY (in this place) 23	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County		STATE Maryland COUNTY Calvert CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Owings	
3. NAME OF DECEASED (Type or Print) Alice		STREET ADDRESS	
		4. DATE (Month) OF DEATH May 22	
		(Day) 1958	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	Black	Widowed	Sept. 25 1875
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)
82 yrs.	Housewife		Maryland
IF UNDER 1 YEAR	12. CITIZEN OF WHAT COUNTRY?		
Months	Days	Hours	Min.
13. FATHER'S NAME		14. MOTHER'S M AIDEN NAME	
James Jackson		Priscilla	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
No			
17. IMMEDIATE CAUSE		18. MEDICAL CERTIFICATION	
171X		Cause of death	
ANTECEDENT CAUSE(S)		DUE TO	
DISEASES OR CONDITIONS, IF ANY,		(B)	
GIVING RISE TO THE ABOVE CAUSE		DUE TO	
STATING UNDERLYING CAUSE LAST.		(C)	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 29, 1958, to May 22, 1958, that I last saw the deceased alive on May 22, 1958, and that death occurred at 1:15 P.M. from the causes and on the date stated above. SIGNATURE Huntington			
ADDRESS (Street, city, town, state) DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
4-26-58		NAME OF CEMETERY OR CREMATORIAL	
Potowmack		LOCATION (City, town, or county)	
		(State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	
DATE MAY 29 '58		25. FUNERAL DIRECTOR'S SIGNATURE	
Rehbein		ADDRESS	
		P. S. Seewell Jr., Fred, M.D.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 4-51 FORM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5491 CERTIFICATE OF DEATH

05484

Reg. Dist. No.

Item 9, Film G229, 5/16/58 fcy

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN	Calvert (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	MARYLAND LENGTH OF STAY (in this place)	STATE CITY TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Md. Calvert Huntington	
Calvert County Hospital		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) (Middle) (Last)		May 6 1958	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Negro	Married	10/27/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Farmer		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Benjamin Coby		Maria Coby	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS	
		Henrietta Coby, Huntingtown, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
026X IMMEDIATE CAUSE (A) <i>Atherosclerotic Cardio Vascular Disease</i> 2 years			
ANTECEDENT CAUSE(S) DUE TO (B) <i>7 Ductal (Meningo) Vascular Tumors</i> 25 years			
DISEASES OR CONDITIONS, IF ANY, (C) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. HOW DID INJURY OCCUR?		21a. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>Feb. 20, 1958</i> to <i>May 6, 1958</i> , that I last saw the deceased alive on <i>May 5, 1958</i> , and that death occurred at <i>8:30 A.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>Janet</i>		ADDRESS (Street, city, town, state) <i>Prince Frederick</i> DATE SIGNED <i>5-6-58</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <i>5-9-58</i> NAME OF CEMETERY OR CREMATORIAL <i>Bluemount</i>	
24. REC'D BY REGISTRAR DATE <i>MAY 12 58</i>		REGISTRAR'S SIGNATURE <i>Am. Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P. T. Sawell Prince Fred., Md.</i>			

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STATE CHAMPIONSHIP

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5492

CERTIFICATE OF DEATH

05485

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>		c. LENGTH OF STAY IN 1b <i>3 yrs.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Huntingtown Rest Home</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>	
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Taney</i>		First <i>Weems</i>	Middle <i>Gibson</i>
4. DATE OF DEATH <i>May 29 1958</i>		Month <i>May</i>	Day <i>29</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 7 1882</i>
9. AGE (In years last birthday) <i>76 yrs.</i>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <i>76</i>	Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Calvert County, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Gibson</i>	
14. MOTHER'S MAIDEN NAME <i>Cornelia Weems</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mrs. George O. Clark</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i>		CORONARY OCCLUSION	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)		ARTEROSCLEROSIS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>27 Feb 1957</i> to <i>29 May 1958</i> , that I last saw the deceased alive on <i>29 May 1958</i> , and that death occurred at <i>345</i> M. from the causes and on the date stated above. ACTUAL SIGNATURE <i>G. J. Weems</i>		ADDRESS (Street, city or town, state) <i>M.D. Huntingtown Md.</i> DATE SIGNED <i>31 May 58</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 31, 1958</i>	
22c. NAME OF CEMETERY OR CREMATORIUM <i>St. Louis</i>		22d. LOCATION (City, town, or county) <i>Huntingland Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Harlan & Son, Huntingtown, Md.</i>		24a. ADDRESS <i>—</i>	24b. REC'D BY REGISTRAR DATE <i>JUN 3 1958</i>
		24b. REGISTRAR'S SIGNATURE <i>W. E. Smith</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
See Birth Certificate - facy

CERTIFICATE OF DEATH

5493

05486

Reg. Dist. No.....

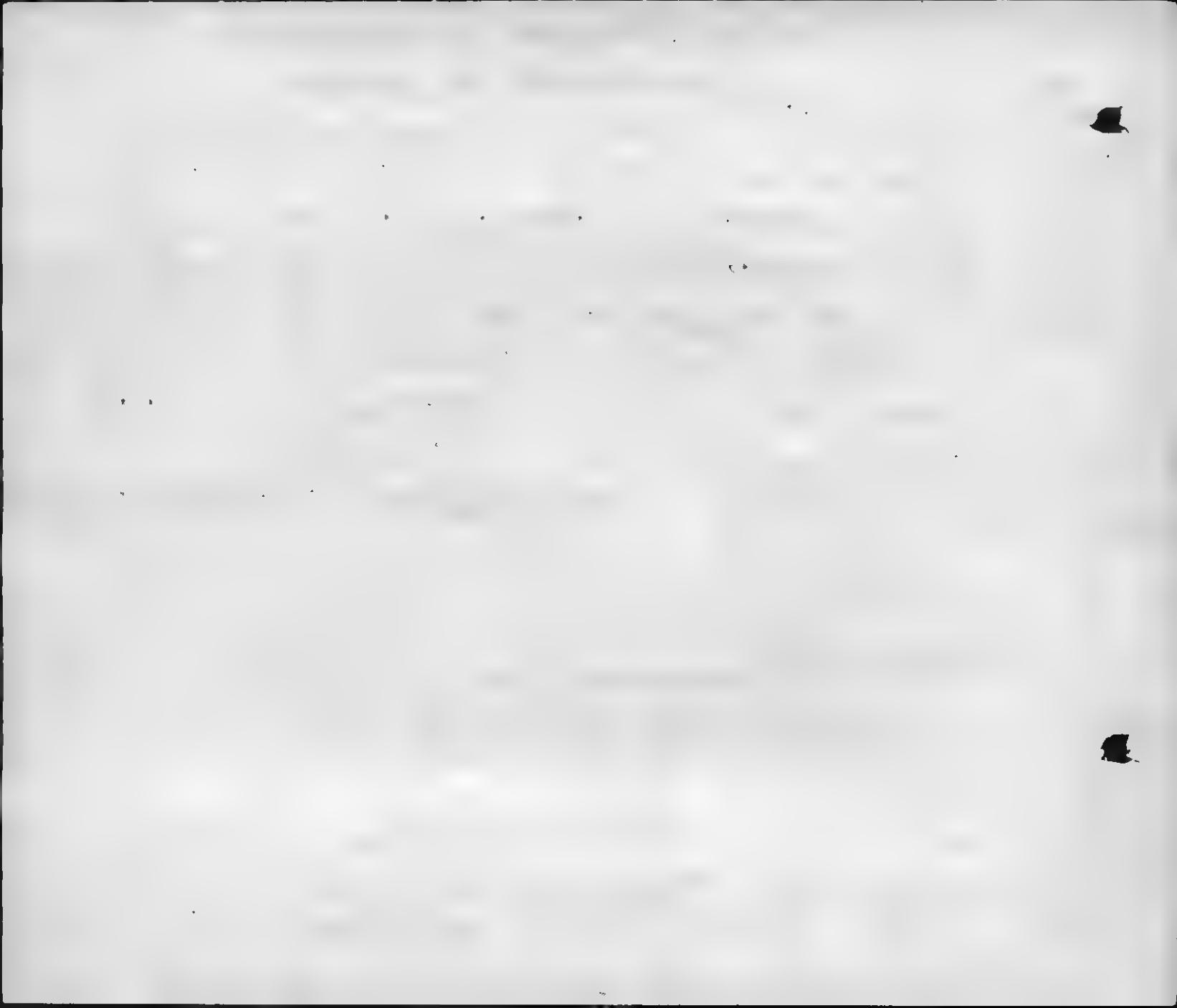
INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, it should be mailed to the registrar within 72 hours after death. After this death certificate is filed with the registrar within 72 hours after death, the funeral director may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate is filed with the registrar within 72 hours after death, the funeral director may be retained by the hospital or attending physician.

VS A15C 1-5 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN	Calvert (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Calvert CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Prince Frederick	12Hr.40 Min.	St. Leonards (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First) Leonard		(Middle) Connell	(Last) Harrod
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Negro		April 2 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country)	
		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Harrod		Sherba Steward	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS	
		Mother Sherba Steward St. Leonard	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <i>Malnutrition</i>			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) _____			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1958</i> , to <i>1958</i> , that I last saw the deceased alive on <i>1958</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above. SIGNATURE <i>W. Nease</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <i>5-13-58</i>	
24. REC'D BY REGISTRAR DATE <i>MAY 16 58</i>		REGISTRAR'S SIGNATURE <i>W. Nease</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P. S. Sewell Prince Fred.</i>		LOCATION (City, town, or county) <i>Island Creek md</i>	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05487

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	5494 Cabinet	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Eden	c. LENGTH OF STAY IN lb	d. STREET ADDRESS		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Eden				
3. NAME OF DECEASED (Type or print)		First	Middle		
4. DATE OF DEATH		Month	Day		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years at death)	10. IF UNDER 1 YEAR Months Days Hours Min.
W	W	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	5/30/77	80 yrs.	11 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Warden		Cyclist		Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Alex Hooper		Mary Buck		USA	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
	218-14-3087	Wm A Hooper	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cardio vascular renal disease 3	
197.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		(b) Age. Coronary embolism 3 min	
DUE TO (c) Cancer of liver			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DECEASED INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	

20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .				
ACTUAL SIGNATURE EXAMINER'S NAME (Type) H. W. WARD		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		

22a. BURIAL, CREMATION, REMOVAL (Specify) Buried	22b. DATE THEREOF May 28, 1958	22c. NAME OF CEMETERY OR CREMATORY Central Cemetery	22d. LOCATION (City, town, or county) Cabinet County, Md	(State)
23. FUNERAL DIRECTOR'S SIGNATURE A. A. Harkness & Son - Mutual, Md	ADDRESS	24a. REC'D BY REGISTRAR DATE MAY 28 '58	24b. REGISTRAR'S SIGNATURE W. L. Ward	

TO DEATH MEDICAL EXAMINER: This certificate should be transmitted within 24 hours of death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial or removal.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5495 CERTIFICATE OF DEATH

05488

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Calvert	MARYLAND	STATE
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN	Prince Frederick	LENGTH OF STAY (in this place)	OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Calvert County Hospital		Huntingtown	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Edward J. Miller		(Month) (Day) (Year)	
(Middle)		May 14 1958	
(Last)			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
M	W	M	Feb. 2, 1878
9. AGE last birthday		10. IF UNDER 1 YEAR IF UNDER 24 HRS.	
80		Months	Days
11. BIRTHPLACE (State or foreign country)		Hours	
Alabama		Min.	
12. CITIZEN OF WHAT COUNTRY?		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas J. Miller		Alpha Ray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
No		1217-36-7372	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
Mrs. Jessie Miller Huntingtown, Md.		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
442X IMMEDIATE CAUSE (A) Hypertensive C.V.R. disease			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 21.10.1945 to 14 May 1958, that I last saw the deceased alive on 14 May 1958, and that death occurred at M. from the causes and on the date stated above.			
SIGNATURE		ADDRESS (Street, city, town, state)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		May 17, 1958	
24. REC'D BY REGISTRAR		NAME OF CEMETERY OR CREMATORIUM	
		Miranda Cemetery	
DATE		LOCATION (City, town, or county)	
MAY 20 '58		Calvert Co., Md. (State)	
REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
A. A. Harkness		ADDRESS	
A. A. Harkness & Son - Mutual, Md.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

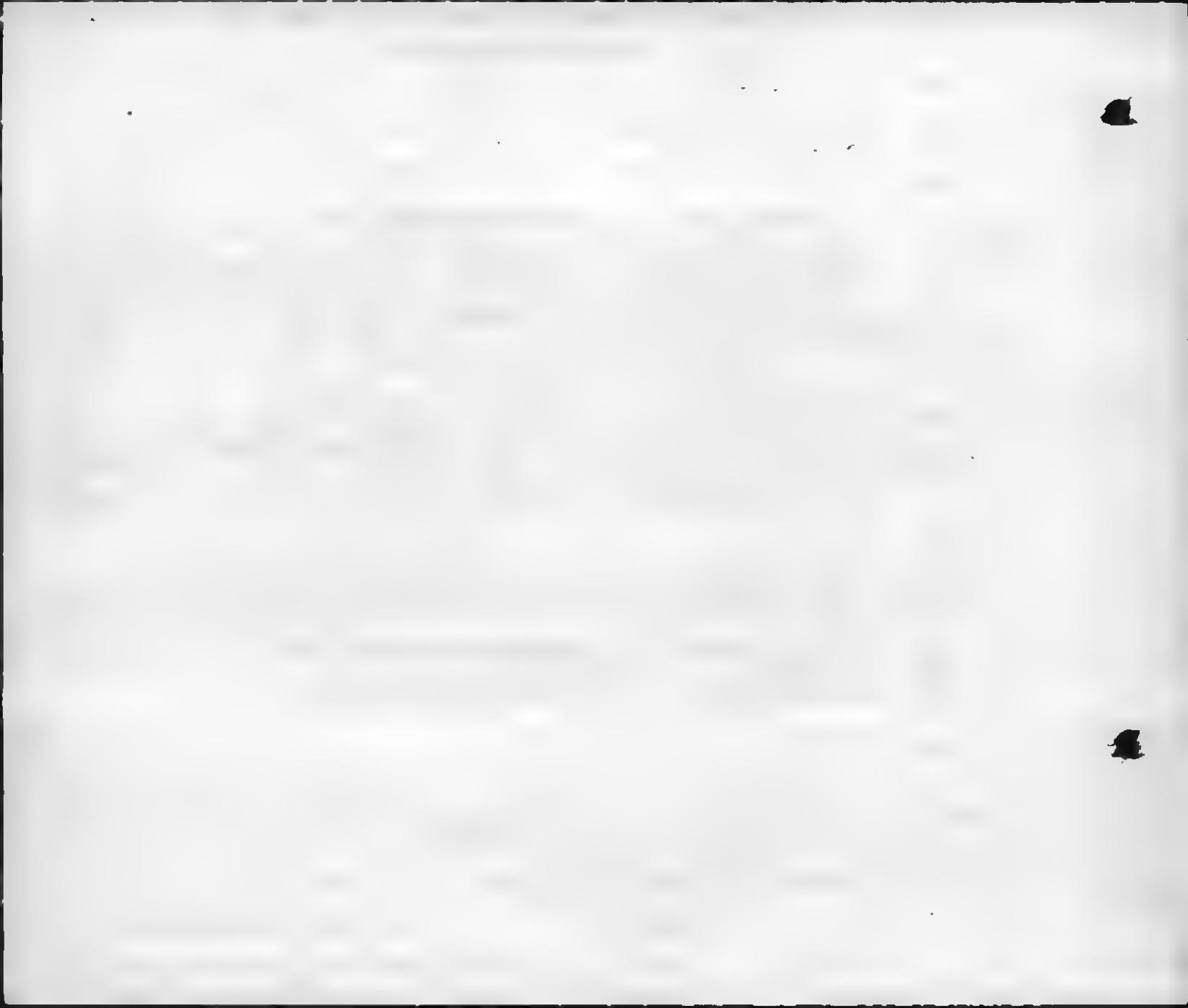
5496

CERTIFICATE OF DEATH

Reg. Dist. No.

05489

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Barstow</i>		b. COUNTY <i>Calvert</i>		
c. LENGTH OF STAY IN 1b <i>Life</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Barstow</i>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —		d. STREET ADDRESS —		
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)	First <i>Charles</i>	Middle <i>A.</i>	Last <i>Moore</i>	
4. DATE OF DEATH	Month <i>May</i>	Day <i>27</i>	Year <i>1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 28 1882</i>	
9. AGE (In years lost birthday) <i>76 yrs</i>		10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS Days <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm employee</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Calvert Co., Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13. FATHER'S NAME <i>Frank Moore</i>		14. MOTHER'S MAIDEN NAME <i>Annie Fowler</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>220-34-4841</i>		
17. INFORMANT <i>Silvie E. Moore - Barstow, Md.</i>		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 minutes</i>		
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>May 27, 1958</i> , to <i>1958</i> , that I last saw the deceased alive on <i>1958</i> , and that death occurred at <i>Md</i> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Frederick, Md</i>				DATE SIGNED <i>May 27, 1958</i>
ACTUAL SIGNATURE <i>Roger C. Jett</i>		M.D.		
PHYSICIAN'S NAME (Type) <i>Roger C. Jett</i>				
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 30, 1958</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Asbury Cemetery</i>
22d. LOCATION (City, town, or county) <i>Calvert Co., Md.</i>				(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Haskett & Son - Mutual, Md.</i>		24a. REC'D BY REGISTRAR DATE JUN 2 '58		24b. REGISTRAR'S SIGNATURE <i>Alfred Jett</i>



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, using the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05490

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	5497	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)								
Calvert	MARYLAND	a. STATE Va.								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN lb	b. COUNTY								
Huntingtown		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Trevillian								
Calvert County Hospital		d. STREET ADDRESS								
3. NAME OF DECEASED (Type or print)	MIDDLE	Trevillian								
MEREDITH	EMMETT	e. IS RESIDENT ON A FARM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH								
Male	Colored	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)								
Laborer	Sawmill	Pondexter Va.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
Nathaniel Ragland	Nannie James				PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)					
					903.5					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first.	(b)	DUE TO								
	(c)	DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	20c. TIME OF INJURY Month, Day, Year Hour a.m. 5/17/58				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street	20f. (City or town) Springfield	(County) Polk County	(State) Maryland
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>	ACTUAL SIGNATURE William V. Lovitt, Jr., M.D. Assistant Medical Examiner	EXAMINER'S NAME (Type)	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	DATE SIGNED 5-18-58						
22a. BURIAL, CREMATION, REMOVAL (Specify) Shipped	22b. DATE THEREOF May 20, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Springfield	22d. LOCATION (City, town, or county) Springfield	24a. REC'D BY REGISTRAR Katie R. Williams	24b. REGISTRAR'S SIGNATURE A. L. Lovitt					
VS. A15ME SM 2/57	23. FUNERAL DIRECTOR'S SIGNATURE Katie R. Williams	ADDRESS 322 N.	DATE MAY 20 '58	24c. REGISTRAR'S SIGNATURE A. L. Lovitt						

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05491

Reg. Dist. No.

5498

1. PLACE OF DEATH

COUNTY

Calvert

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Prince Frederick

LENGTH OF STAY
(in this place)

Newborn

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Md

COUNTY

Calvert

CITY (If outside corporate limits, write RURAL and give nearest town)

OR
TOWN

Huntingtown

STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)First
Girl

(Middle)

(Last)

Robinson

4. DATE
OF
DEATH

May 25

1958

IF UNDER 1 YEAR
Yrs. Months Dey. Hours Min.

5. SEX

6. COLOR OR
RACE

Female

White

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

8. DATE OF BIRTH

May 25, 1958

9. AGE last birthday

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

Robert Robinson

14. MOTHER'S MAIDEN NAME

Betty Dalrymple

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Betty Robinson - Huntingtown, Md.

INTERVAL BETWEEN
ONSET AND DEATH

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(A)

MALFORMATION with

IMMEDIATE CAUSE
ANTECEDENT CAUSE(S) DUE TODISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

Hydrocephalus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

alive on 5/25, 1958, and that death occurred at 1105 M, from the causes and on the date stated above.
SIGNATURE *Robert Robinson* ADDRESS (Street, city, town, state) *5th Leonard* DATE SIGNED *5/25/58*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

May 25, 1958

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE MAY 28 '58

Signature *Robert Robinson*Signature *Robert Robinson*



INSTRUCTIONS

1
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

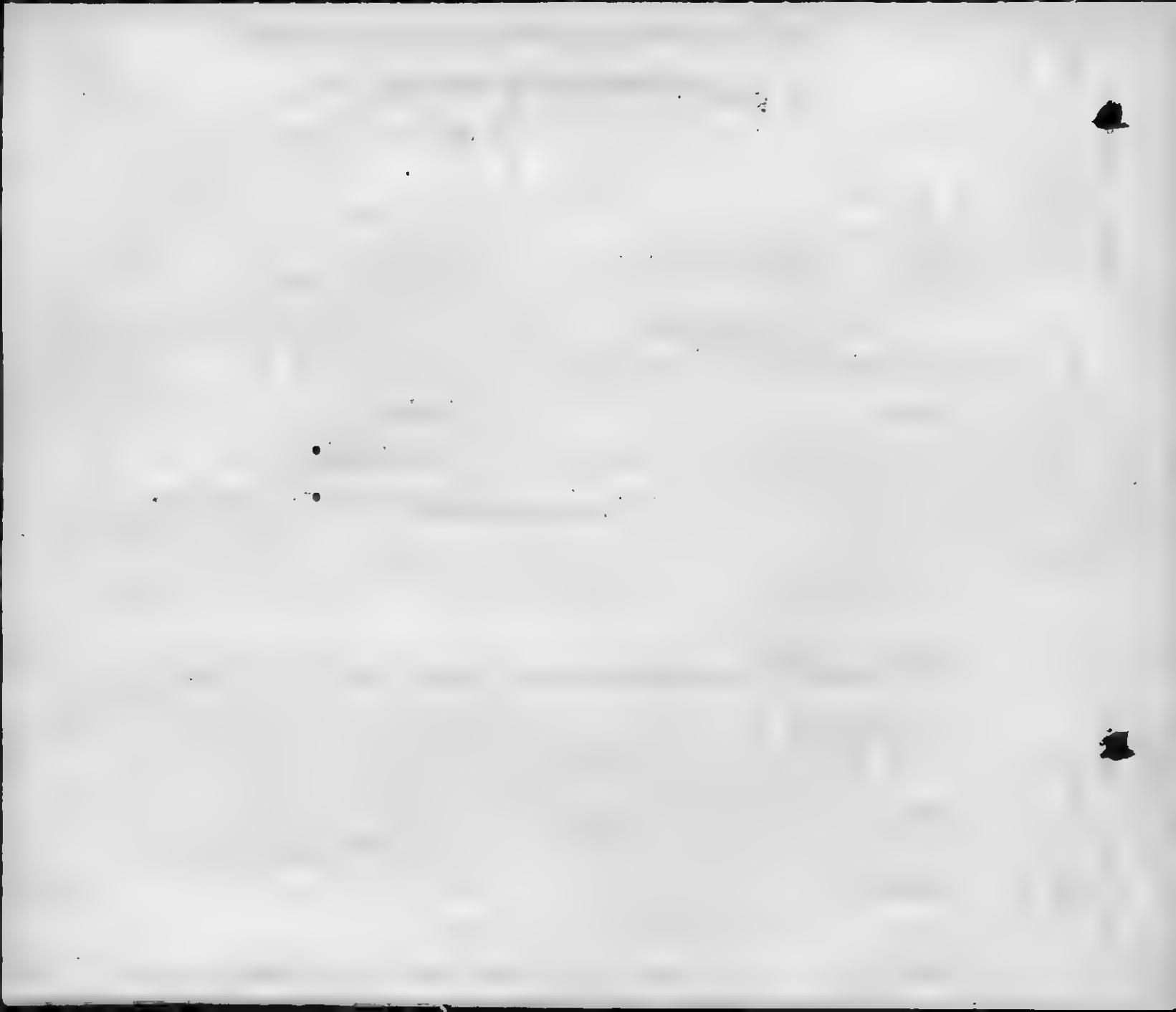
5499 CERTIFICATE OF DEATH

Item 9 Film 3229 6-5-58 et

05492

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (in this place)	STATE Md. CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY Calvert
TOWN Prince Frederick	X STREET ADDRESS 1	TOWN Olivet (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital			
3. NAME OF DECEASED (First) (Middle)		4. DATE (Month) (Day) (Year)	
Jeroy		SUTTON May 20 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 19, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 54 88 yrs.	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John Cole		14. MOTHER'S MAIDEN NAME Lucinda Sutton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 579-11-5973	
17. INFORMANT & ADDRESS Lucinda Sutton, Olivet, Md.		18. MEDICAL CERTIFICATION <i>Cerebral Hemorrhage</i> <i>Recurrent Cerebral A.V. Disease</i>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. WHERE DID INJURY OCCUR? (City or town) (County)		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/13 1958, to 5/20 1958, that I last saw the deceased alive on 5/13 1958, and that death occurred at 10 A.M. from the causes and on the date stated above. SIGNATURE <i>Lucile Redmond 5/20</i>		23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 4-25-58	
24. REC'D BY REGISTRAR DATE MAY 28 1958		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.T. Sewell, Jr., Fred. Md.	
NAME OF CEMETERY OR CREMATORIAL Eastern Chapel		LOCATION (City, town, or county) Cal. Md.	



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

55 CERTIFICATE OF DEATH

Reg. Dist. No. 105493

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY ST. MARYS CHARLES 08X-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	PRINCE FREDERICK 11 Days	STREET ADDRESS	(If rural give location)			
3. NAME OF DECEASED (Type or Print)	(First) <i>huiue</i>	(Middle) <i>Washington</i>	(Last)			
4. DATE OF DEATH	(Month) <i>May</i>	(Day) <i>26</i>	(Year) <i>1958</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday 1905 J-3 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Deys
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife	Self	Va.	U.S.A.			
13. FATHER'S NAME	14. MOTHER'S M AIDEN NAME					
Unknown	Betty Washington Husband: Benedict Md					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
No	No	La Roy Washington, Benedict, Md				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION				
570.5 IMMEDIATE CAUSE (A)		TOXEMIA-UREMIA				
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)		Possible intestinal obstruction (?)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5/16</i> 1958, to <i>5/26</i> 1958, that I last saw the deceased alive on <i>5/16</i> 1958, and that death occurred at <i>120</i> M, from the causes and on the date stated above.						
SIGNATURE <i>Ronellane S</i> M.D. ADDRESS (Street, city, town, state) <i>87 Leonard St</i> DATE SIGNED <i>5/26/58</i>						
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF <i>5/29/58</i>	NAME OF CEMETERY OR CREMATORIAL <i>St. Marys</i>		LOCATION (City, town, or county) <i>Bryantown Md.</i> (State)		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <i>Oliver Lewis</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>The Hunt Funeral Home, W. 10th St., W. 10th St., Md.</i>				
DATE JUN 2 '58						

3) COMMUNITY-STATE STATEMENT

STATEMENT OF EXPENSES

100.00 - 100.00

100.00

100.00 - 100.00

100.00 - 100.00

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5501

CERTIFICATE OF DEATH

05494

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Calvert MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE	Maryland Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	4 hours		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Dunkirk Md	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Calvert Co. Hospital		d. STREET ADDRESS	Dunkirk, Md	
3. NAME OF DECEASED (Type or print)	First PEGGY	Middle LEE	Last WATKINS	4. DATE OF DEATH	MAY 17 1958
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.
F	C	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept. 21, 57	7 months	0 0 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
—		—		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY	
George Watkins		MATTIE RANDALL		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
—		no		FATHER —	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Toxemia			
490X		DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		Hobart pneumonia			
(b)		3 days			
DUE TO					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May 6, 1958</u> to <u>May 17, 1958</u> , that I last saw the deceased alive on <u>May 11, 1958</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above. ACTUAL SIGNATURE <u>John Williams</u> M.D. PHYSICIAN'S NAME (Type) <u>Roberto de VILLARREAL</u>		ADDRESS (Street, city or town, state) DATE SIGNED <u>5/17/58</u>			
22a. BURIAL/CREMATION, REMOVAL (Specify)		22b. DATE THEREOF 5/13, 58		22c. NAME OF CEMETERY OR CREMATORIAL Coopers	
22d. LOCATION (City, town, or county) Winkirk, Md		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE P. E. Sewell, Prince Fred, Md		ADDRESS 2064338XVG		24a. REC'D BY REGISTRAR DATE MAY 16 '58	
24b. REGISTRAR'S SIGNATURE Authentic					

